

VITAL SIGNS



VOL II No. 2

Naval Regional Medical Center, Orlando, Florida

1 November 1979

Master Chief Petty Officer of the Navy Visits NRMC Orlando

Master Chief Petty Officer of the Navy, Thomas S. Crow, USN, visited the Naval Training Center, Orlando, during the period 21-24 October. NTC Orlando was the first call to a major activity for MCPON Crow since assuming his new job. MCPON Crow was accompanied on his visit by his wife, Carol, and Fleet Master Chief Morten R. Clark, USN, of Naval Materiel Command.

MCPON Crow visited the Naval Regional Medical Center on the afternoon of 22 October. Master Chief Crow toured the NRMC Annex where he was able to speak with, not only staff members, but with some of the recruit population as well. He then toured the main hospital facility where he had the opportunity to talk to many staff members, retirees, and civilian employees. Master Chief Crow made a short presentation to the staff in the William J. Lawson Room. He outlined his goals which he hopes to accomplish during his tenure as the Master Chief Petty Officer of the Navy.



... with Captain Zimble



... addressing staff



... at the Annex

Photos by
Ken Bumpus

Master Chief Crow presented a matter-of-fact, tell-it-like-it-is attitude in his presentation. The Master Chief referred to some of the goals of the Chief of Naval Operations: i.e. retention, operational requirements, compensation, "A" schools, desertion, and renewed emphasis on

the role of the Chief Petty Officer. Master Chief Crow said that he fully supports the Chief of Naval Operations in attaining these goals. In his closing remarks, Master Chief Crow was complimentary of the high state of morale noted at the Naval Regional Medical Center and stated that he looked forward to a return visit on his next trip to the Naval Training Center, Orlando.

The Master Chief Petty Officer of the Navy is the Senior Enlisted Representative of the Navy and acts as the primary enlisted advisor to CNO, the Deputy CNO of Manpower, Personnel, and training, and the Commander, Naval Military Personnel Command in all matters pertaining to both active duty and retired enlisted members and their dependents.

Parent to Parent Program

There is a "new arrival" at NTC -- an exciting, new, home visiting program for parents with very young children. This program comes to your home -- no packing up the children and going off to some other area. The home visitor comes to you with toys, materials, and ideas. Mrs. Ariela Rodriguez, ACSW, Program Director, needs both volunteers to be trained as home visitors and families interested in becoming a part of the Parent to Parent Program. Please call Mrs. Rodriguez at either 857-3280 or 646-5185.

Veterans Day

12 November 1979

WHOOOIZZIT ??

DO YOU KNOW THIS STAFF MEMBER??
(Answer on Page 8)

VITAL SIGNS STAFF**Editor:**

HMCM(SS) R. C. Clements, USN

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Mary V. Van den Heuvel

CDR N. J. Stewart, NC, USN

HM1 J. D. Campbell, USN

HM2 S. P. Foster, USN

HN E. Kehoe, USN



FEDERAL WOMEN'S PROGRAM
By Carolyn Smith, NRMG'S FWPM

Could you save your child's life? If in doubt, come to the next In-House Program. LCDR Carlton will be the guest speaker on CPR, a subject of interest to both male and female personnel. FWP is not just for women, so I hope to see a good representation of our male employees. The meeting will be held on Tuesday, 13 November, at 1330 on Ward 17.

A question was asked at Captain's Call pertaining to car pools. For those interested, a Central Car Pool Directory is located at Civilian Personnel Office. To submit your name and information, call Ext. 4514.

OCTOBER PERSONNEL INSPECTIONNoted for excellence:

CDR J. WILLS
LCDR N. R. MAZZONE
LCDR B. S. THOMAS
LT W. M. MILLER
LT R. E. ELSTER
LT E. H. MANLEY
LT D. H. ROSENBAUM
DPCS W. T. MORAN
HMC B. R. BATES
HMC R. W. MOORE
HM2 S. MITCHELL
HM2 R. G. CRUZ
RP2 A. L. WRIGHT
HM3 W. J. MAND
HM3 J. A. DARNELL
HM3 R. J. CARREROSUNE
HA D. M. SMITH

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Commanding Officer: CAPTAIN J. A. ZIMBLE, MC, USN
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RAMP

PAGE!



By HN Eileen Kehoe, USN

What if it were you on a Life Support System ?

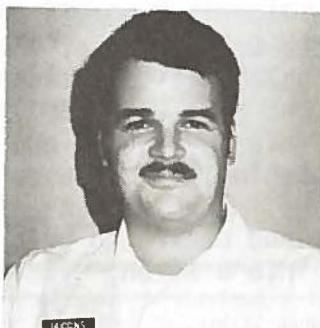
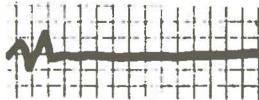


HN L. Sparks, Ward 10: God gives life and God should be the one who takes it away.

HN M. Pearce, Ward 10: If there were enough evidence that my condition was terminal, then I would want them to turn it off.



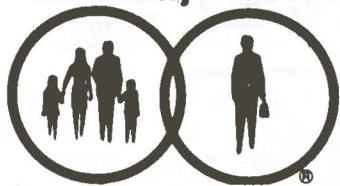
D. Pritchett, RN, Ward 9: If I had a flat line EEG and the doctors felt I had a poor prognosis, I would say "pull the plug." From there, it's in God's hands. Look at the Karen Quinlan story. They never thought she would make it after the plug was pulled; but, she did!



MM1 J. Huggins, Security: I have the right to live and so I have the right to die. I do not believe in prolonging death.

M. Lovejoy, HumResManSvc: I think the family suffers the most and I wouldn't want my family's grief prolonged. I would want them to pull the plug.

the Family Line



By CAPT C. Victor Romano, MC, USNR

ALCOHOL REHAB CENTER, JAX

For two weeks during September, Captain Sandri, LCDR Baez, and I, had the privilege of attending a seminar on the "Treatment and Prevention of Alcoholism," at the Alcohol Rehabilitation Center, Jacksonville, Florida. It was our unanimous opinion that those two weeks were one of the most rewarding educational experiences we have participated in during our medical career. The personnel associated with the Alcohol Rehabilitation Center, for the most part, have been through the program for either alcohol, drug abuse, or a weight problem. They have undergone the treatment successfully and have now devoted their lives and career to assist other unfortunate individuals in achieving the path back to a near normal life. The dedication and enthusiasm, along with their compassion and total commitment to the program, only tends to enforce our already high opinion we have for them.

During the two weeks, each of us became a member of a specific group; and, as such, we became a viable instrument in adding to patient treatment. Once the confidence and trust of the group was obtained, you were no longer the student but an important member deeply concerned with the well-being of these unfortunate individuals. It may sound strange to those who have not had the privilege to attend this worthwhile course but one actually begins to love every individual in his group. It is this strong emotional feeling and desire to help that welds the group into a strong viable force of action.

The two weeks go by very quickly and on your day of commencement from training one experiences a feeling of ambivalence. We were both happy and sad at the end of those two weeks -- happy knowing we have helped some in fulfilling recovery; and

sad knowing there was some unfinished business in each of our groups. For those who have been through this course they will know the feeling of which I speak; and for those who have not had the opportunity or desire I can only suggest you attend. Speak to those who have gone to the ARC, Jacksonville, for the two weeks and returned with the same feelings I have just mentioned. Not only will you be a better person upon your return, but an individual able to be more compassionate to those less fortunate patients who are afflicted with alcohol/drug related infirmities.

Family Line "QUOTES"CREDO FOR AA

"God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference."

St. Francis Assisi

"Uncle Jack" Rosen
Caricaturist Extraordinaire!

Picture courtesy WDBO Channel 6

"Uncle Jack" Rosen, noted caricaturist from Brooklyn, New York, recently made his annual visit to NRMC Orlando to entertain patients and staff. Sharing his skill at drawing caricatures to the obvious delight of each subject, "Uncle Jack" provided "therapy" of long lasting value. His genuine concern for others and his wonderful talent, is not only an expression of kindness but a measure of a man we can all admire and emulate. Thanks, "Uncle Jack!"

VITAL SIGNS

1 November 1979

SUPPLEMENTAL PAGE A

LAB LINE

By LCDR J. D. Cotelingam, MC, USNR

A Profile of Thyroid Function

By LCDR P. Martel, MC, USN, and
LCDR J. Cotelingam, MC, USNR

Quantitative assessment of thyroid function has always been complicated. The basal metabolic rate measured the resting body's total energy consumption but could not distinguish the effect of thyroid hormones from other metabolic influences. Besides, it was terribly difficult and time consuming. Since the BMR went out of fashion, thyroid function testing has concentrated on measuring and interpreting the serum concentrations of the thyroid hormones T₄ (thyroxine) and its scarcer, but more potent, co-hormone and metabolite T₃ (triiodothyronine), plus their controlling pituitary hormone TSH (thyroid stimulating hormone). We measure these by radioimmunoassay.

Normal TSH levels exclude the hypothalamus and pituitary as causes of thyroid dysfunction. A pure T₃ disorder (T₃ thyrotoxicosis) exists but is rare. T₃ is also used therapeutically. Hence, we offer an RIA determination of serum T₃ through an outside laboratory, but do not perform one ourselves as part of a routine thyroid profile. In practice, then, most testing here and elsewhere uses some function related to T₄ level as an index of thyroid activity.

Here we encounter a complication: 99.96% of all circulating T₄ (and 99.6%

of T₃) is bound to serum proteins, yet it is only the tiny fraction of unbound hormone that is metabolically active. Furthermore, the levels of the various proteins that bind T₄ (and T₃) are highly variable, even in normal people. If we cannot measure the unbound hormone directly (which is possible but difficult), we need some parameter based on the thyroxine binding capacity of the serum proteins to relate total T₄ and free T₄. We use a measured entity for the purpose known, unfortunately as the T₃ uptake, abbreviated T₃U.

The designation T₃U is unfortunate because it does not measure T₃. Radioactive (125I-labelled) T₃ is used to measure unoccupied T₄ binding sites on serum proteins. T₃ is chosen because it has much less affinity for these proteins than T₄, and so will not displace T₄ that is already bound.

The patient's serum is incubated with an excess of labelled T₃, a fraction of which gets bound to vacant sites on binding proteins. The remaining labelled T₃ is then bound by a resin which is then removed and its radioactivity measured. The results are expressed as "% uptake"--the fraction left to the resin. The higher the resin uptake, the fewer vacant binding sites on the protein.

One final interpretive step is taken. The total T₄ and the T₃U are plotted on a nomogram which expresses the mathematical relation between T₄, T₃U and free thyroxine. A pure, dimensionless number, called the free thyroxine index (FTI), is read off. An FTI below normal range indicates hypothyroidism, one above normal range hyperthyroidism.

THE FOLLOWING TABLE LISTS THYROID TESTING INFORMATION THAT MAY BE USEFUL:

TEST	FACILITY/RUN	TURN AROUND TIME	COST
TSH (Abbot Kit)	NRMC/Thursday	1 day	\$1.00
T ₃ U (125I)	NRMC/Monday	1 day	\$1.00
T ₃ (RIA)	Fort Gordon	3-4 wks. (Cost effectiveness under study)	
T ₄ (solid phase, RIA)	NRMC/Monday	1 day	\$1.00
Free T ₄ (RIA)	NRMC/Monday	1 day	\$1.00
Neonate T ₄	Bio-Science Ca.	12 days	\$5.00
TRF	Bio-Science Ca.	12 days	(\$100.00-not recommended routinely)

If you need a nomogram for your ward or clinic, please contact HMC Nanni at 646-4853.



MCPON CROW



MCPON Thomas S. Crow welcomed aboard NRMC by Captain Zimble and C/MC Clements.



..... and by Commander Loar.



..... and by Captain Johnson.



Visiting the ER.



At the NRMC Annex.



Better to watch..... than receive!



Recruits' viewpoint.

TOURS NRM**C**

With the Human Resource Management Service.



Presenting HM3 I. Martinez his jogging Certificate



.... with the Preventive Medicine Technicians.



.... on Ward 10.



.... on Ward 9.

HM2 G. Milano welcomes MCPON Crow to NRM**C** Annex Lab

A less serious side on Ward 10!

Photos by Ken Bumpus

**Air Force Veterinarian . . . a part of
the NRMC Team!**

Scott J. Swerdlin, DVM, Capt, USAF, VC

The Orlando Naval Regional Medical Center, Veterinary Service mission covers many areas of responsibility and provides substantial benefits to active duty and retired military personnel. The Veterinary Service is divided into two major areas, Veterinary Public Health and Animal Clinical Services.

Our foremost mission at NTC is food inspection. Orlando Veterinary personnel inspect an average of 2.4 million dollars worth of food per month. We insure that the food at your commissary is wholesome. Any food products that are used in the galleys, exchange facilities and hospital is inspected for your protection. In addition, we routinely survey food storage facilities and make recommendations to food facility managers in the utilization of subsistence to prevent deterioration. Veterinary inspectors save the government thousands of dollars monthly, insuring that contractors meet weight and contractual requirements. This in turn results in substantial savings to the consumer and quality assurance. To be a good veterinary technician, you must have a bit of Ralph Nader in you. Veterinary Public Health personnel have also been involved in food service sanitation. This is to insure the safe sanitary storage, preparation, and service of food. Another vital service for consumer protection.

Animal Clinical Services is truly a military benefit, but the paramount function is prevention of zoonotic diseases which severely effect man. Zoonotic diseases (diseases which are transmissible from animals to man) include rabies, toxoplasmosis, psittacosis, brucellosis, sarcoptic mange, cutaneous and visceral larval migrans, and ringworm, just to name a few! According to the World Health Organization, zoonoses comprise the most significant group of communicable diseases and there are at least 180 diseases within this classification.

In effect, we are providing limited outpatient care to personal pets of active duty and retired personnel as time permits. Please realize that our unquestionable mission is that of food inspection. A priority system exists with active duty receiving first priority, secondly dependents of active duty, and thirdly retired personnel. Animals are seen on an appointment basis only. We will attempt to provide outpatient medical care to include vaccinations, internal and external disorders, preventive dentistry and surgical services for neutering (or spaying) a limited number of animals. If we are unable to provide you with an appointment, I would like to recommend utilizing the services of a civilian veterinarian. For continuity and complete medical care for your pet, a civilian veterinarian can offer many services which time and personnel limitations prevent us from providing.

The veterinary clinic charges a fee for its services which funds the cost of drugs, expendables and our receptionist's salary. The Animal Clinic is affiliated with Recreational Services and excess funds are utilized for recreation. We hope to provide a preventive medicine program for the health of your pet and your family. It is our pleasure to be here to serve the United States Navy and your family.

We're Sorry You're Leaving!

To be Released from Active Duty

LCDR J. Chairo, MC	CW02 R. Hamby, PA
HM2 M. Anderson	HM2 C. Summitt
HM2 R. Knight	HM2 J. Fausset
HM3 R. Desomma	HM3 P. Gearhart
HM3 T. Shaw	HM3 G. Hallum
HM3 R. Shearer	HN M. Utzinger
HN K. Ramaley	HN G. Doran

Transfers

LT T. Badger, NC, to HCS GLAKES
LT C. Williams, NC, to NRMC Naples
LT H. Quiles, NC, to NH, Roosevelt Rds
HM1 J. Campbell to NRMC Japan
HM2 J. Santiago to NSHS Bethesda
HM3 J. Caracappa to NOSA Yorktown
HN D. West to AHS Ft Sam Houston

NURSINGSERVICE

By CDR N. J. Stewart, MC, USN

LET'S STOP BLAMING OTHERS

The only way it's going to get better for us is when we get better ourselves. That is one of the philosophies at the Alcohol Rehabilitation Center in Long Beach. With the right attitude, we can do the most amazing and remarkable things under the most difficult and impossible circumstances. Our attitude is the beginning, the opening, the mechanism that turns on and off the flow of ideas that can develop our lives. It takes in, digests, uses or rejects and decides how you feel about what you know. Attitude is the command station -- it is where we decide if we will learn or not, change or not, try or not. It's our attitude that says look closer or don't look at all, tell me or I don't care to know, smile or sneer, accept or argue, admit or lie, respond or let it slide. It's attitude that has our eyes take pictures, our consciousness to develop those pictures, our minds to understand them, the heart to respond and the body to act. Attitude determines our worth. We need to develop our attitudes into strong, inspiring, responsive, and selective mechanisms.

Not everyone has the opportunity to work through the Rehabilitation Program but there are certain behaviors we can work on ourselves. We can make our attitudes a searcher after truth, a believer in growth, an experience of love, a developer of communication and a selector of ideas; and, we can make our own attitude the Commander-in-Chief of our own destiny. It is our life government, the executive for administration, the legislator for our decisions and judicial to either condemn or pardon. The day that changed my life was first an attitude change when my legislator decided to do something about my self concept. Anyone who is willing to change, can; but, you have to decide for yourself that you want things to change and be willing to pay the price -- the price of trying, listening, reading, daily discipline, intellec-

tual effort and mental labor. You have to be willing to invest some real, conscious, personal, effort in a brand new future but remember, there are two painful feelings we all have to experience. We can escape one but not the other. One is the pain of discipline and the other is the pain of regret. I'm more than happy to bear the pain of discipline -- it only weighs ounces. The pain of regret weighs tons.

It is sad but there are some people right here at NRMC who will never know the great kind of person they could be just because they don't stop long enough to listen and try. Are you one of these people?

We're Glad You're Here!

CDR E. R. McDonough, MC, from civilian status

LT S. P. Snell, NC, from NRMC Portsmouth

LT J. O. Vineyard, III, MSC, from NavSubMedCen Groton

LTJG A. H. Gross, MSC, from civilian status

LTJG P. J. Baker, MSC, from civilian status

LTJG S. W. Tudhope, NC, from OIS Newport

ENS S. P. Alford, MSC, from NSHS Bethesda

ENS L. G. Smirle, NC, from OIS Newport

ENS M. E. Porterfield, NC, from OIS

Newport

HMC A. Phillips from NATO HOTRS, Naples

HMC P. Granados from NavSta Keflavik

HM1 A. Washington from 2nd MarDiv, Camp Lejeune

HM2 A. Bergamo from NRMC Guam

HM3 R. Smith from NRMC Okinawa

HN J. Dewar from NSHS Bethesda

HN L. Schultz from NSHS Bethesda

HR E. McMillion from NSHS San Diego

HN T. Milfeld from NAVAEROSPMEDINST Pensacola

HN G. Mariott from HCS GLAKES

HN S. Beaulieu from HCS GLAKES

HN R. Cockman from BR CL Quantico

HA Y. Demery from HCS GLAKES

HA A. Bonner from HCS GLAKES

HA B. Chow from HCS GLAKES

HA R. Parvatikar from HCS GLAKES

VITAL SIGNS

1 November 1979

Chaplain's
Comments

By LCDR W. E. Tumblin, CHC, USN

HOW DO YOU SPELL R E L I E F ?

Day-to-day living for most of us these days can hardly be described as carefree, fulfilling, or wonderful. Not too many people I meet feel full of wonder, joy, and accomplishment every day. Neither do I. For stress, disappointment, disease, and accident all contribute to making life a pressure-cooker for most of us. And to make some sense out of what is happening to us, within us, and because of us, we believe.

Believers all, we take many stances when up against the realities of our lives. To escape into fantasy in order to derive some fun, pleasure, and relief is good for us all. To live that way, however, is to miss much of life. To escape into the style of the future is emerging as one response to the hypernostalgia for the past that some live out. But some reject escapist beliefs. A new intensity-seeking-feeling-acting style looms large for those under thirty. Mastery of aspects of life lends credence to belief that one is in control of all of life. And for a people who sense that physical, economic, political, and social forces have wiped us slick, we long for a taste of mastery.

In a conversation meant to instruct and empower, Jesus once spoke with a man named Nicodemus. Recorded in St. John's Gospel, chapter 3, Nicodemus is identified as a believer in God. But he also needed relief. For his belief was a confining, stifling ritual.

Not all belief brings relief. Some forms push people into fantasy, self-condemnation, and permanent exile from the living. Authentic faith allows God to work his change within the believer. A small secret.

**Master
Shipwreck**

HMCM(SS) R. C. Clements, USN

THE ENLISTED ADVISORY PROGRAM

The Enlisted Advisory Program provides a more comprehensive means to insure that all enlisted personnel are represented within the command. Each enlisted person is assigned a Chief Petty Officer as his/her advisor. Although medical facilities do not have division officers assigned, this program encompasses the division officer concept.

Each enlisted advisor should meet periodically with those personnel assigned to him for counselling, to enhance communications, and to insure that all personnel are informed of current policies. The counselling should include a review of the individual's advancement status, information concerning educational benefits, and retention. The enlisted advisor should always work thru and with the chief of service in the best interest of the individual member.

All enlisted personnel are encouraged to seek out their advisor as the need arises. The enlisted advisors provide a wealth of experience and knowledge to assist the member in matters concerning the hospital corps, military matters, financial planning, personal problems of all categories or anything the member might desire to discuss. We have all been there! Seek out your enlisted advisor.



Sure, Savings Bonds save your money. They also save things like blue jeans, hot dogs, apple pie and the Fourth of July.

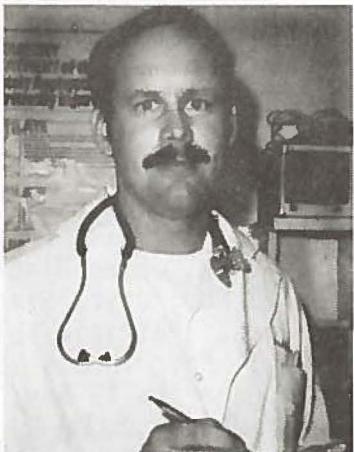
So keep your savings in U.S. Savings Bonds. And you'll help keep all the little everyday institutions that Americans like to take for granted.

THE E R . . .

By CDR Joseph J. Smith, MC, USN



LCDR M. Khan, MC, USNR, and
LT G. Sladek, MC, USNR.



LT D. Maclear, MC, USNR



CDR A. Solares, MC, USN

Our Naval Regional Medical Center is celebrating a most significant first anniversary. One year ago the sword of Damocles was lifted from all the staff Medical Officers with the appointment of a full time Emergency Room Staff. While this is most certainly a time of jubilation for we "old timers" who hold very few fond memories of duty in "the pit", the much more important benefit should be appreciated -- the increased quality of health care provided to our patients.

Our four Emergency Room Physicians have proven themselves to be dedicated and knowledgeable specialists who consistently practice the highest quality of medicine. This is clearly evident by the consultations received for follow-up care by the satisfaction patients express with the attention and care they received during their anxious moments in the Emergency Room.

I, for one, would like to take this opportunity to thank CDR Solares, LCDR Khan, LT Maclear, and LT Sladek for the outstanding job they are doing in their Department.

Photos

by

HN

Kehoe



Dr. Sladek



ASK THE SKIPPER



By CAPT J. A. Zimble, MC, USN

HRM Survey

On 24 August, this entire command had its picture taken. As I outlined in the September issue of Vital Signs, 569 military and civilian staff members of NRMC Orlando participated in a Human Resource Management Survey which resulted in a "snapshot" of attitudes and perceptions. The standard 88 questions asked on the HRM Shore Survey and the 40 NRMC Orlando specific supplemental questions were administered to approximately 78% of the staff. The responses were then processed by the Human Resource Management Detachment, Naval Station Mayport, and during the week of 22 October, a hefty amount of tabulated data was returned to us for analysis.

The job of analysis belongs to all of us. You, as a member of the NRMC staff, will be asked to participate in that process through a feedback session in your work group. Please understand that your cooperation through active participation is essential to both a realistic appraisal of the data and to the problem solving which will help to direct our future command policies.

Hopefully, as a result of the HRM Survey and the various workshops, I can implement a viable and workable Command Affirmative Action Plan as well as effect other programs which will make NRMC Orlando a better place to work and enhance our ability to provide quality medical care.

Remember, meaningful programs require your input. When asked for feedback, start talking; I'm listening!



Happy

Thanksgiving

Happy Thanksgiving

11/11/79

CRA NOTES



By Joyce Sienia



Civilian and Military are invited to:

THE CIVILIAN INCENTIVE AWARDS CEREMONY

FRIDAY, 16 NOVEMBER 1979

AT THE
CPO LOUNGE

Come on out and see your fellow workers recognized for their work performance. Awards to be given will be Outstanding Performance, Sustained Superior Performance, Quality Salary Increases, and Special Achievement Awards.

AT 1630

<u>PARTY</u>	<u>PIZZA</u>	<u>PARTY</u>	<u>BEER</u>	<u>PARTY</u>
				SODAS

There will be \$1.00 charge for Military and 50¢ for civilians.

★ ★

CRA BIRTHDAY GREETINGS TO: Floyd Keller on 2 Nov; Peggy Beck, James Blackman, and James Kilgo on 3 Nov; Joyce Sienia on 11 Nov; Robin Bridges, Patricia Callan, and James Wester on 14 Nov; Thomas VanElls on 17 Nov; Robert Hager on 18 Nov; Margaret Wilsten on 19 Nov; Arthur Baley on 25 Nov; John Julian on 26 Nov; Marie Trageser on 28 Nov; Barbara Fockler on 29 Nov; and Inez Perry on 30 Nov.

WHOIZZIT?



It's LCDR Gail R. Lopresto, NC, USN. LCDR Lopresto is a graduate of the Jewish Hospital of Brooklyn School of Nursing. LCDR Lopresto came to us from Naval Hospital, Patuxent River, and is our OR Supervisor. She plans to make this her last tour of duty and to retire in Orlando.